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# Using an Experience with the Creative Process to Initiate Personal Grief Narratives

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Using an Experience with the Creative Process to Initiate Personal Grief Narratives

Capstone Thesis

Lesley University

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Art Therapy

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### **Abstract**

Grieving is universal and grief is unique to the individual experiencing it. Over time, societal shifts have turned the author's experience of grief in modern, western society to something that is to be experienced in private and on a timeline. Once accepted as a shared human experience, grief became pathologized, and societal support diminished. Art and the creative process have prevailed through time as, among other things, a space in which to explore difficult emotions and the duality of light and dark; concepts commonly associated with grief as well. While research on grief and research on the expressive therapies exist, the intersection of the two is sparse. As such, an exploration of using an experience with the creative process to initiate personal grief narratives was undertaken, utilizing the social community of the author's own family, with participants instructed to use art materials to tell a story about someone in their life who has died. Intentions were to collect more information about how grief is unique, both in service of contributing to the fields of grief studies and expressive therapies, as well as being able to reflect the experience back to the participants through response art, in service of a greater understanding of art therapy. Society has shifted grieving to a private experience, and as art can be a safer space than the verbal realm alone to explore and process difficult feelings and emotions, an experience with the creative process may serve as an entry point into personal grief narratives.

## Using an Experience with the Creative Process to Initiate Personal Grief Narratives

### **Introduction**

The topic for investigation was the intersection of art making and personal grief narratives. Long of interest and largely understudied, grieving is a universal phenomena, yet grief is unique to the individual experiencing it. In this particular instance, personal grief narratives within the same family unit were of interest, both as a means to further connect with a specific social community, as well as to lend further examples to the notion that everyone grieves differently, including when they are grieving the same death loss.

Over time, society's views on death and loss and grief have changed, and in the author's experience of today's western white culture, death and grief are private things that happen out of sight of the general public – the dying and the grieving are subsets of the population to sympathize with, but also to keep out of sight. Not having a safe place in which to explore and express difficult thoughts and emotions has been reflected in people not knowing what to do with their own grief, not knowing how to be supportive to others with theirs, and needing to have resources like bereavement centers in order to support them.

Because grief is both universal and unique, the more that can be done to garner information about how people grieve and express their grief, the more supportive society can be to those grieving, both within and outside of the mental health field. Grief often causes many different emotions, sometimes simultaneously, and art may be a way to explore and process those emotions more easily than words alone. Furthermore, expressing grief and making it more of a shared experience may ultimately make the griever feel more comfortable and supported in whatever path their grieving takes.



This particular area of interest, the intersection of art making and personal grief narratives, was largely of focus for the sake of information gathering on grief studies in general, to bolster and legitimize the field, with the added intention of sharing more about how grief is unique for everyone even when specific to the same family system, and furthermore in part due to personal relevance, and the opportunity to be self-serving.

With the knowledge the author has garnered from completing a master's program in mental health counseling and a year of grief counseling, they know that everyone in their family – themselves included – could benefit from rebuilding and strengthening some of the familial bonds that were forever changed after the death of the patriarch, and in sharing more about how that process has been, for each of them. The author also knows it is ethically irresponsible to undertake that process from the professional side with one's own family, and so as a topic for consideration, art making and grief narratives was introduced under the relevancy of assisting with a project.

Important to note, for the sake of whatever relevancy any of these demographic categories may have, is that the family in question is from a Boston suburb, all members identify as white and middle class, and the children were brought up with aspects of both Catholicism, from the patriarchal side, and Judaism, from the matriarchal side. Further important to clarify is that in this family's versions of religion, the Catholic side believes that Heaven is a place the dead go to so long as they have lived a good life and repented for their sins, and the Jewish side believes that dead is dead and means you are no more, anywhere, and the body should be buried in a plain wood box in the ground so as to fit as naturally as possible with its new environment.

### **Literature Review**

Every human being will one day die (Poland, 2016). Mortals are defined by the notion of inhabiting liminal space for a particular period of time (Moon, 2010). Persons of every race, ethnicity, gender, ability, religion, and socioeconomic status die. However, modern western society – here defined as the 21<sup>st</sup> century in the United States, influenced by the experience of the author being an adolescent in the early 2000s in the greater Boston suburbs – does not commonly discuss death in public (Granek, 2010; Osterweis, Solomon, & Green, 1984). Variation exists within subcultures, and across various religious beliefs (Parkes, Laungani, & Young, 1997; Rosenblatt, 1993; Rosenblatt, 2001), and the author acknowledges that while a generalization is being made here, within their own experience, it has been the truth – death scares people, and so they avoid it as much as possible.

The existential notion that death awareness has the potential to either motivate or stymie the individual manifests in one specific realm as terror management theory, essentially professing that the fear of death can create extreme anxiety in individuals, because it is at oppositional odds with the human drive for survival (Juhl & Routledge, 2016; Yalom, 2008). The fear that has the potential to be invoked by confronting people with their own mortality (Greenberg, Pyszczynski, & Solomon, 1986; Juhl & Routledge, 2016) often dictates that the only time people discuss death, dying, or grieving in modern western society is due to specific personal circumstances (Gibson, 2011).

Death transcends all demographic categories, and as human beings are relational by nature (Lenz, 2016), so too does grief transcend demographic categories (Archer, 1999; Genevro, Marshall, Miller, & Center for the Advancement of Health, 2004; Granek, 2010). Persons from every race, ethnicity, gender, ability, religion, and socioeconomic status have experienced grief,

here defined as an individual's inevitable reaction to a death loss. Also important to note is that while bereavement is a universal phenomenon, grief is an individual experience (Buser, Buser, & Gladding, 2005; Worden, 2009).

The concept of what grief is and entails has been shaped over time by the society in which it is defined. Psychological grief theory, largely beginning with Freud in the early 1900s and evolving in various ways to present day, has adapted and shifted in congruence with the surrounding environment of the time (Granek, 2010). Shared in his essay "Mourning and melancholia" originally published in 1917, Freud believed grief to be a natural emotion shared by all humans. He recognized the marked effect it could have on a person and their ability to function and participate in society, and so while placing import on dealing – as necessary – with the emotions accompanying and defining grief, Freud believed that process was a lifelong endeavor and that to try and operate otherwise was not only incorrect, but potentially detrimental to the bereaved (Freud, 1963).

The earliest grief theorists, Freud among them, were unable to specifically delineate what 'normal' grieving looked like, potentially because no such specificity exists (Granek, 2010). One of the next psychological theorists to incorporate grief and its effects, after Freud's belief that grief is universal and inherent, was John Bowlby and his work with attachment in infants (Bowlby, 1982). The notion of 'grief work' as a concept to be addressed was incorporated into Bowlby's attachment theory, proposing that because regaining physical proximity is an impossibility once a death has occurred, the child will have four phases to accomplish: shock, yearning and protest, despair, and recovery (Stroebe & Schut, 2015).

In 1969 psychiatrist Elizabeth Kübler-Ross wrote *On Death and Dying*, in which she delineated the five stages of grief – denial, anger, bargaining, depression, and acceptance

(Kübler-Ross, 1969). Accepted for some time and by some people as true, the five stages model was rejected by other professionals in the mental health field for being too rigid, structured, and linear, and while the model may accurately depict how some people experience grief, it certainly does not fit universally (Parkes, 2001; Worden, 2009).

First published in 1999, bereavement researchers Stroebe and Schut proposed the dual process model (DPM) for coping with bereavement. In part a rejection of the notion that ‘grief work’ is something to work towards accomplishing, their model identifies two different types of stressors grievers have to cope with. They identified loss-oriented stressors, which come from focusing on and processing the loss of the physical person and the relationship with them, and restoration-oriented stressors, which come from having to fulfill roles the dead have left, as well as discovering how to rebuild a life without them. The most important component of DPM is the concept of oscillation, and the notion that grievers move between confronting the loss and avoiding the loss, and that there is no specific timeline or number of oscillations, but that the individual will naturally move between loss-oriented and restoration-oriented tasks of grieving (Stroebe, Gergen, Gergen, & Stroebe, 1992; Stroebe & Schut, 1999).

A decade later, after various researchers empirically tested the DPM, Stroebe and Schut reevaluated and reconfigured their model to include the concept of overload, acknowledging their oscillation model between loss-oriented and restoration-oriented grieving does not leave space for those unable to oscillate, so overcome by grief and an overload of stressors from either side, with the potential to lead to mental and physical health problems (Stroebe & Schut, 2016). They also spoke to the concept of grief within a family system, and noted that while families may support each other, because they are all experiencing their own unique grief and are often wont to hold back their own emotions in favor of trying to protect each other – including

children not talking about their own sadness or wanting to cry in front of a parent because they don't want to make their parent sad – it may be difficult for families to grieve and process together or alongside one another (Stroebe & Schut, 2015).

The confluence of the growth of the field of psychotherapy and World War II – and other death-wrought occasions throughout the 20<sup>th</sup> century – influenced the shift of treatment from grief being a regularly occurring experience that lasts a lifetime to a more pathologized phenomena that required specific treatment, with those in the psychotherapy field being the only ones adequately prepared and trained to help. The GI Bill covered psychological treatment for soldiers returning from WWII, and fueled a boom in that field. Following, as the growing field required legitimization, grief became one of many human experiences to become more heavily pathologized. Grief became something to see a mental health professional for help dealing with, as opposed to the more communal aspects of talking with family, religious persons, and peers.

Before the industrial revolution, western society used to be accepting of public grieving and many people died at home, but medical advances shifted society to its present state, where grieving happens privately and many people die in hospitals (Osterweis, Solomon, & Green, 1984). The shift in dying, followed by the shift in grieving, have both influenced the place modern, white, western society largely finds itself now, where important conversations are avoided because they provoke uncomfortable and upsetting emotions. Thus, while many are privately grieving, the dearth of public support and acceptance perpetuates the notion that grief is something to 'get over' or 'work through,' and instead of a potentially cross-demographic unifying factor, grief becomes another means to divide people.

There are the grieverers and the non-grieverers, and while grieverers may find community within their shared loss experience, that is often a place – literally or figuratively – they have to

specifically seek out or work to create for themselves. Children who have experienced a significant death loss within their own families have indicated that the grieving process lasts an average of six years, and that societal support dwindles after months (New York Life, 2017). Starting conversations about death and grief on a small scale could potentially influence a societal shift towards openly discussing those concepts, aiding those facing death and assisting those grieving, and perhaps an experience with the creative process is the way to facilitate those discussions.

Art has been known to help ease anxieties and fears for cancer patients (Ando, Imamura, Kira, & Nagasaka, 2013), for people who have had a near death experience (Rominger, 2010), and for elders in the final stages of life (Caldwell, 2005). The arts have been known to create a safe space in which to explore the duality of light and shadow (Levine & Levine, 1999), and have survived throughout humanity as a means to do something productive with troubles (McNiff, 2017). Art therapy is an amalgamation of art, psychology, medicine, and education, and places emphasis on the cathartic nature of creating troublesome and troubling images, among other things (Malchiodi, 2012). Art creation provides the option to explore multiple possibilities for coping with life's problems, and the art making itself may provide the safe environment necessary to test out those options with no real life ramifications (Rubin, 2011). Perhaps more exposure to death and dying and discussions thereof could help alleviate some of the fears and anxieties people have, and focusing on personal death loss stories may be an important entry point, as the forum in which to create one's own narrative has already proved beneficial to those actively grieving (Gilbert, 2002; Gilbert, 2006; Tuvia, Ilanit, Sharon, Rivka, & Paul, 2016).

Research has begun on the intersection of art and grief, but with an experience as varied and unique as grief is, the argument could be made that there will forever be more research to be

done. Regardless, there is a substantial lack of recorded information related to how humans experience and process grief in relation to the arts. Studies have been conducted and research has been collected and to point out a gap in research without acknowledging where that progress is happening would be a disservice.

Private memorials in public spaces, including by roadside accidents and in remembrance of war heroes, make death visible in public atmospheres (Gibson, 2011). Art can be used to help process grief, through purposeful remembering during the creative process, in service of maintained connections and continuing bonds (Bertman, 2015; Klass, Silverman, & Nickman, 1996), and supports the relevance of expressing the potent emotions stirred by a significant loss (Buser, Buser, & Gladding, 2005).

Midwifery students in Ireland, working to better understand perinatal loss, created collaborative art after interviews with bereaved parents. The study had a small sample size of six students, who found that grief is non-linear, and noticed themes around the importance of listening and compassion (Barry et al., 2017). Canadian families who had lost a young child were interviewed, both parents and surviving children, and themes of connection, disenfranchisement, and growth arose (Jonas-Simpson et al., 2015).

A study about the creation of kinetic family sculptures allowed space for each family member to take a turn, in service of better understanding each other's grief, including a visual representation of how things feel different for different people (Brandon & Goldberg, 2017). A study with grieving children placed into four test groups of: individual art, group art, individual puzzle, and group puzzle resulted in a significant decrease in negative affect for those who created individual art (Hill & Lineweaver, 2016).

Creative arts therapists in New York, in a single session, sang an imaginal dialogue with a deceased person, and interviews thereafter were analyzed for thematic content, including emotional expression, anxiety, and connection, in service of additional information about individual grief (Iliya & Harris, 2016). Another study highlighted the importance of continuing bonds and bodily experience of grief, accessed through movement and semi-structured interview, and found themes of body memory, oscillation between various states, and tension (Simpkins & Myers-Coffman, 2017).

Grief studies exist, and art therapy studies exist, and some studies do exist on the intersection of art and grief. But because grief is unique, and universal, there will always be more to learn, and always new information to add to the field. Furthermore, each study could have done a better job specifying demographic information, for while grief is unique, different cultures have different parameters for what grief is, with various rituals and practices in place to honor the dead, and various religious beliefs as to what death even means.

The shortage of available information on the intersection of art and grief, coupled with the author's professional and personal interest in learning more and bolstering the field, lent itself towards using the history of grief studies and treatment in concert with art therapy teachings and tenets to devise a way to simultaneously satisfy academic needs, professional interests, and personal goals.

### **Methods**

Participants were selected for their familial relationship with the author. All participants have experienced the same familial deaths, and so have a similar context, and thus varied grief expression could be explored from there. Our father died seven years ago from brain cancer, and all four biological grandparents died before him from a variety of other cancers and ailments.



One participant was a 22-year-old female, one participant was a 25-year-old male, and one intended participant was a 60-year-old female. As stated in the introduction, all participants are white, middle class folks from the Boston suburbs. The author is a 27-year-old female.

Participants were contacted individually. The author's intentions were conveyed, and those contacted were given the opportunity to participate or to decline participation. It was made clear that participation was purely on an optional basis, and also that it would be appreciated if they would be willing to do so. Participants were engaged with while they were home for Christmas, which is potentially relevant for two primary reasons. One, Christmas is a family holiday where the absence of family members who have died is visually apparent, even if not verbally acknowledged. And two, participants were back at their childhood home for a holiday, and made art for this project shortly before needing to leave home again, to return to present-day life.

All participants were initially engaged with on a one-to-one basis, in a private setting alone with the author. A sense of community was fostered through explaining that the same prompt and questions would be presented to each participant, thus setting the same baseline that their participation was serving the greater purpose of a larger project, and that results would be reflected back in the form of response paintings, to show appreciation for willing participation with a real-world example of what art therapy can be.

Prior to each private meeting, the author journaled about the anticipated experience of engaging with said participant. Anxieties, expectations, concerns, and hopes for how things may unfold were noted, as was the general mood and mindset the author was in at the time of engagement. At the onset of each meeting, the participant was presented with a piece of 9"x12" watercolor paper, and a variety of art materials to choose from. Art materials presented were as

follows: watercolors with a rainbow palette and a brush; acrylic paints in red, yellow, blue, black, and white; oil pastels in a variety of colors; colored pens; pencil and eraser. Each participant was told there was no time limit but to work until they were done, and prompted to “use these materials, however you’d like, to tell me a story about someone in your life who has died.”

Once each participant completed their piece, the author informed them that there were some questions to be asked, and for the sake of being able to listen intently and not have to ask them to repeat themselves, the author was going to record the questions and answers.

Furthermore, the author informed each participant that the author exclusively would be listening to the recordings, and that their art would only be seen by the author. Questions asked were as follows:

1. Do you remember your initial reaction to the prompt?
2. Do you feel the same way now?
3. How did you choose which art materials to use?
4. How did you feel as you were working?
5. Can you tell me in words the story you created?
6. Do you ever tell stories like this?
7. How would you describe your art background?
8. There is not a second round, but if there was, would you continue to participate?
9. Tell me, in your own words, what your religious beliefs are.

After each meeting, the author journaled again, about how the experience was and if their predictions, assumptions, and thoughts from earlier had been either confirmed or refuted. The

author kept the art created by each participant, and questions asked during each session were recorded via voice memo and stored on the author's phone.

Two weeks after each recording, the author listened back and created a response piece, using the same materials the respective participant had chosen. The author journaled a third time, after creating the response art, in regards to what listening back to the recording and hearing the stories over again was like. Included in the third round of journaling were any particular words or themes that emerged, within and amongst individual participant's responses. The process as a whole of journaling and creating response pieces also fell into the larger category of informing monthly response pieces, to the process at large.

For various reasons including the ethical grey areas of willingly participating in 'a potentially therapeutic experience,' and with a member of one's own family at that, response art created to each individual participant was not related back to them. Paintings created on a monthly basis in response to the process as a whole were shared with all participants. Sharing was completed as a means to reflect back to the social community what part they had played in the greater whole, and also served to elaborate on the concepts of art therapy. Part of the way to use the creative process as a means to initiate personal grief narratives is by making the art and the process accessible in the first place.

## **Results**

Results garnered from the familial exploration of grief narratives closely reflected the author's expectations from the outset. Upon being prompted to "use these materials, however you'd like, to tell me a story about someone in your life who has died," all participants depicted family sports memories, and the dead person they focused on was the patriarch. Only happy memories were depicted, and all about the same dead person, and while that was not specifically

required, it was fully expected. Important to note is that all participants had positive, loving relationships with the dead person they depicted, and the death was such that all participants had been able to say final goodbyes. Because that is true, it is unknown how art would have progressed if the relationship was different and/or had ended differently, but those would also have been relevant factors to note.

The fact that results did mirror expectations was not surprising, but was disheartening. The art itself was neither troubling nor upsetting, but the fact that all participants stated they either never, or else rarely, tell stories and share memories about their dead people with others is in stark contrast to the author's researched belief that continuing bonds and sharing memories are important parts of grieving. However, the anticipated results of using the creative process to initiate said stories also mirrored expectations, which serve as examples towards validation. All participants spent longer creating the art than they did speaking about it, potentially indicative that the art created a safe enough space for them to explore as needed.

Also important to note is that all participants willingly and without hesitation participated in the art creation process, and reaffirms the notion that an experience with the creative process may be a relevant entry point to sharing personal grief narratives.

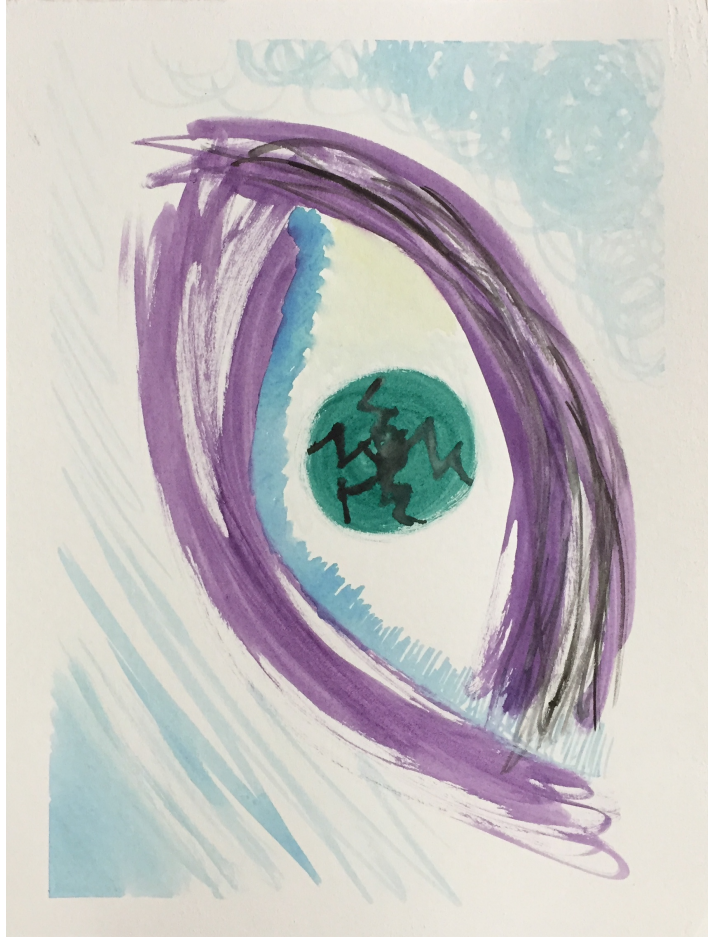
Also in need of elaboration is the fact that while the author intended to, and attempted on numerous occasions to engage with the third participant, that never came to fruition. Personal factors in the relationship dynamics between the third intended participant and the author created an environment in which the author did not feel there was an appropriate time to engage in the process. The self-serving nature of the project leads the author to want to work towards finding a way to meaningfully engage the third participant in this process, but for the sake of these results

was unable to – important results in their own way. The author did still create a response piece, in regards to not having been able to engage productively with the third participant at present.



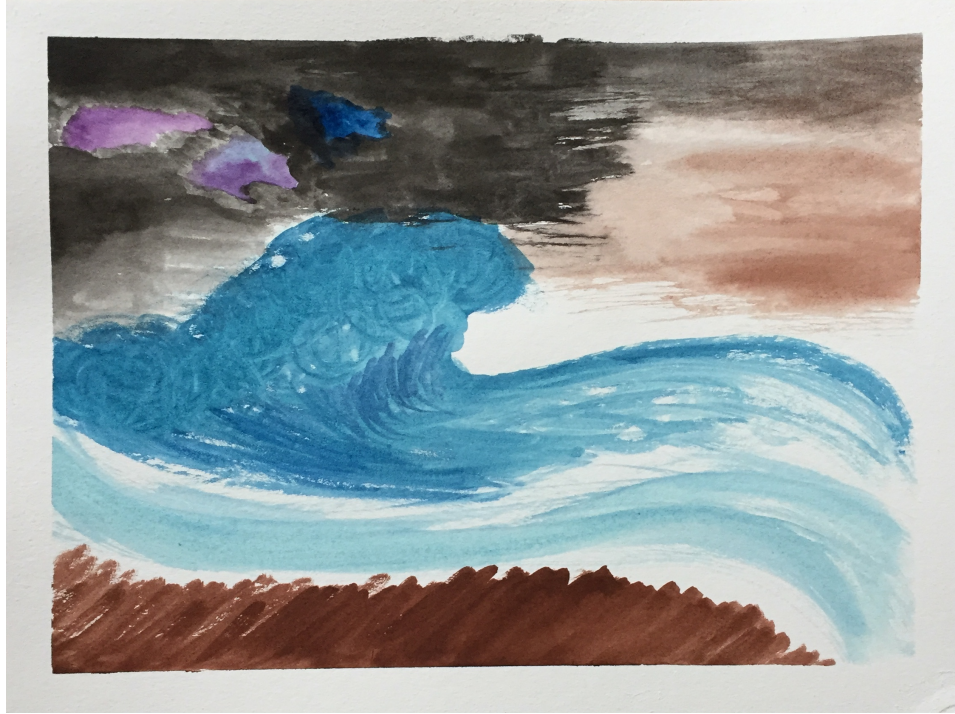
*Figure 1. Response to participant one. Painted by the author.*

Participant one exhibited the verbal and non-verbal content as anticipated, which is continued cause for concern on the author's part. There is a fire inside, and a lot of work done to repress it, and perhaps some day it can flame freely and still not burn itself out.



*Figure 2. Response to participant two. Painted by the author.*

Participant two also exhibited verbal and non-verbal content as anticipated, and in this particular instance, that feels like more of a balanced situation.



*Figure 3. Response to intended participant three. Painted by the author.*

Participant three was never directly engaged with for this process, and every attempt or thought at an attempt felt like a wave growing and cresting and knowing it will inevitably have to break, with an extra layer of an ominous cloud over the entire situation.

Watercolors are not a medium the author has much experience with, nor are they a preferred choice. A decision was made to use the same media for response art as the participants chose for their own, for the sake of seeing firsthand what that process was like. The author could have chosen any other specific media to respond with, or could have opted not to have any particular restrictions on the process. Any of those choices would have been appropriate to make, for various reasons, but regardless is important to note what specific choices were made, and why.

The realities of the personal nature of the work for the author coupled with the culmination of a master's program and a bereavement center workplace created a vacuum in

which thoughts related to the topic were prevalent every day and regardless of location. As such, for each month of this process, the author intentionally created a painting in response to how the month felt. In service of art therapy, and elaborating on this specific example of an internal process, focus for the paintings was on pieces of the process that had been completed, external personal factors, the author's mental states, and how the synthesizing and simplification of ideas was progressing.

The author operated under the self-imposed parameters of each month's painting needing to be done on canvas, with acrylic paint, and using various techniques and instruments to apply the paint to the canvas. Acrylic paint is a familiar medium, and to undertake a process so unfamiliar, it was an attempt at a balanced choice. Furthermore, specifying using canvas but not specifying the dimensions lent another choice to be made for each month, as per whichever size felt correct.





*Figure 4. December. (4"x4" & 4"x12") Painted by the author.*

In December, deadlines felt far in the future, and while there was work to be done, nothing had to happen imminently.



*Figure 5. January. (16"x20") Painted by the author.*

The intention in January had been to completely finish the literature review portion, as well as complete as much else as possible, so as not to have to find time later; January did not go as planned.





*Figure 6. February. (18"x24") Painted by the author.*

February felt overwhelming. Plans had fallen by the wayside, writing progress was at a standstill, and it felt like everything still had to be done.



*Figure 7. March. (5"x7") Painted by the author.*

In March this project felt like the most important thing to be accomplished, but also there were so many other things in and outside of school that also required attention.





*Figure 8. April. (16"x20") Painted by the author.*

For better or worse, everything is done. And also so many things are just beginning.

### **Discussion**

The familial exploration took place while the author was grief counseling children elsewhere, and connections between the two were inevitable and thus important to elaborate on. The author embarked on this particular endeavor with the intention of collecting more information about how grief is unique and how it manifests in variation amongst members of the same family who have had the same people die, in service of greater information for the fields of grief studies as well as expressive therapies. The author also used this opportunity in an attempt

to connect further with family members, knowing it is unethical to provide them with therapy, and recognizing the difference between therapy itself, and a potentially therapeutic experience.

The project undertaken was to see how an experience with the creative process could be used to initiate personal grief narratives. It was enacted with the intention of adding to the fields of grief studies and expressive therapies, for each grief story is unique and thus there can always be more to add. There was an additional element of the familial nature of the relationships between the author and the participants, as well as the personal relationship between author and the topic, and the interplay between both. Suspicions that the participants do not often engage in sharing their own grief narratives were confirmed, as was the notion that the creative process could be a gateway towards sharing stories.

Grieving is universal, yet grief remains unique. Society has shifted the concept of grieving from something to be done publicly and without cause for concern to a private experience, hidden even amongst family members grieving the same person. Art can be a safer space than the verbal realm alone to explore and process difficult feelings and emotions, including those associated with grieving. Using art and the creative process as a means into personal grief narratives may make them easier to engage with, and enable the willingness to share them with others.

It is also possible that an experience with the creative process is an irrelevant additional factor, and questions would have been answered the same if no art had been made. However, because the art was made and the questions were about the individuals, there was no way to replicate the questioning without having made art, to know if it was a factor. The personal nature of the pre-existing relationships needs to be noted, because it is a fact. The specific effect

it had for each participant is unknown, in part because it was never asked, but also because the asking itself would have been a leading question, and thus did not feel appropriate.

The choice to explore the creative process and grief narratives together was with the intention of adding to the fields of both grief studies and expressive therapies as information, and work towards bolstering the sparse intersection of the two. The choice was made that the variety of art materials presented should reflect what the community is used to and comfortable with, in order to better support them through the process. As such, materials will vary based on participants and availability. The argument could be made that foreign materials may be a better choice, in order to elicit potentially further reserved memories or emotions, but as the intention was to use an experience with the creative process to initiate personal grief narratives, the author wanted the participants to be able to easily access the various materials. Transferable as a method to other materials, the concept of using the creative process is also transferable to all expressive therapies modalities. The process itself was an interesting beginning for further explorations by the author as to how an experience with the creative process can be used to initiate personal grief narratives.

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